INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

Explanation of Procedure

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of these procedures,

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed.

To keep you comfortable during the procedure, your physician or a Registered Nurse directed by the physician will administer medication defined as Moderate (Conscious) Sedation.

Brief Description of Endoscopic Procedures

- EGD (Esophagogastroduodenoscopy): Examination of the Esophagus, stomach, and duodenum. If active bleeding is found, coagulation by heat may be performed.
- 2. **Esophageal Dilation:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
- 3. EIS (Endoscopic Injection Sclerotherapy): Injection of a chemical into varices (dilated varicose velns of the esophagus) to sclerose (harden) the veins to prevent further bleeding. Injection is done with a small needle probe though the endoscope.
- 4. Variceal Banding: The physician places a latex (rubber) band around the varices to reduce the flow of blood to the vein, thus preventing further bleeding.
- 5. **Flexible Sigmoidoscopy:** Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.
- 6. Colonoscopy: Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current.

Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the following complications are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indications for gastrointestinal endoscopy. YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR TEST.

- Perforation: Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak and/or drain the region is usually required.
- Bleeding: Bleeding, if it occurs, is usually a complication of biopsy, Polypectomy or dilation. Management of this complication may consist only of careful observation, or may require transfusions, repeat endoscopy to stop the bleeding or possibly a surgical operation.
- Medication Phlebitis: Medications used for sedation may irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.
- 4. Other Risks: Include drug reactions and complications from other diseases you may already have. Instrument failure and death are extremely rare but remain remote possibilities. YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLERGIC TENDENCIES AND MEDICAL PROBLEMS.

Alternatives to Gastrointestinal Endoscopy Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100% accurate in diagnosis. Even experienced endoscopists may fall to detect a polyp (<5-10%) or a small cancer (<1%). Other diagnostic or therapeutic procedures, such as radiologic studies, medical treatment and surgery, are available. One always has the option to decline any diagnostic studies and/or treatment. Your physician is available to discuss these options and any related questions with you.

| electric current. | | | • | • | related questions with | , |
|--|--|-----------------------------------|--|-----------------------|--------------------------|--------|
| Physician explaining procedure: I consent to the taking and pub. | | M.D./D.O. S | gnature: | | Date: | |
| I consent to the taking and pub | dication of any photo | graphs made | during my procedure | to assist in | n my care, and for use i | n the |
| advancement of medical educa | | | | | | |
| moderate/deep sedation. I have | | | | | | |
| I hereby authorize and permit: | been runy miorinea | or the risks () | na possibie complicatio | nis or my p | rocedare/anestnesia. | |
| Thereby additionize and permit. | | | | | | |
| ☐ Anchal Sud, M.D. | Sarah Wasserman, D.O. | | ☐ Krishna Meka, D.O. | | | |
| Allan Barbish, M.D. | ☐ Victor Velocci, M.D. | | | | | |
| and whomever he/she may designate | e as his/her assistant to | perform upon n | ne the following: | | | |
| ☐ Upper Endoscopy (EGD), with possible biopsy | | ☐ Flexible Sigmoidoscopy | | ☐ Esophageal Dilation | | |
| ☐ Colonoscopy, with possible blopsy or polypectomy | | ☐ Variceal Banding | | ☐ Other | | |
| If any unforeseen condition a treatments, or operations, I authand surgery is not an exact sciprocedure. | orize him/her to do y | vhatever he/s | she deems advisable. 🛭 | am aware | that the practice of med | licine |
| If there is any possibility that I Yes, I will (Pt initials) | might be pregnant, ☐ No, I decline at t | I will allow a his time (Pt in | urine pregnancy test itials) \(\Pi \) N/A | to be perf | ormed prior to my proce | :dure |
| ☐ Patient / ☐ Legally Authorized Representative (check one) | | | Relationship to Patient | | | |
| Date: | | Witness of Signature only: | | | | |
| | | | | | | • |

Kalamazoo Endo Center 3300 Cooley Court Portage, MI 49024 Phone: 269-321-3390 • Fax: 269-321-3392

Patient Label